

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

673271
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1	1			
3		2	1			
4	1		1			
5		1	1			
6		2	1			
7		0	1			
8		0	1			
9	1		1			
10		1	1			
11		2	1			
12		2	1			
13		2	1			
14		0	1			
15	1		1			
16		1	1			
17		2	1			
18		2	1			
19		2	1			
20		0	1			
21		0	1			
22		0	1			
23		0	1			
24	1		1			
25		1	1			
26		2	1			
27	1		1			
28		1	1			
29		0	1			
30		0	1			
31		0	1			
32	1		1			
33		1	1			
34		2	1			
35		2	1			
36		2	1			
37		0	1			
38	1		1			
39		1	1			
40		2	1			
41		2	1			
42		2	1			
43		0	1			
44		0	1			
45		0	1			
46		0	1			
47						
48						
49						
50						
TOTAL IND.		1	1			
TOTAL DEP.		1	1			
TOTAL CLAIMS		1	1			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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99						
100						
TOTAL IND.		1				
TOTAL DEP.		1				
TOTAL CLAIMS		1				

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